this increases surgery time and post-operative stay, and in the longer-term can adversely affect patient outcomes. As part of a program to assess the burden of adhesions in the USA we assessed the short-term additional costs of common laparoscopic gynecological operations including adhesiolysis. **METHODS:** The Premier database provides detailed hospital cost accounting data from over 500 centers across the USA. A cohort of patients undergoing gynecological laparoscopic surgery between 2004–2006, including ovarian procedures, was selected by ICD9-CM and identified on discharge. Those patients undergoing adhesiolysis secondary to another procedure were also identified. All discharges were classified as inpatient or outpatient. Mean total costs, surgery cost and mean length of stay (LOS) were determined for each procedure and sub-group, with and without adhesiolysis. Regression analyses were undertaken to test for significant differences between procedures, with and without adhesiolysis. **RESULTS:** A total of 7928 inpatient and 6820 outpatient discharges for laparoscopic ovarian procedures (with total costs) were identified. 30.8% and 33.6% included adhesiolysis. The additional costs of adhesiolysis accounted for an extra 5.3% ($328) and 6.9% ($215) of total costs. Surgical costs accounted for 23.7% ($78) and 27.5% ($59) of additional costs. Both total and surgery costs were significantly higher for the same procedure with adhesiolysis compared to that without ($P < 0.0001$). The mean LOS for inpatients was significantly longer with adhesiolysis (2.35 d) than without (2.02 d), ($P < 0.0001$). **CONCLUSIONS:** This study confirms previous European research that adhesiolysis occurs in approximately one third of ovarian laparoscopic procedures and results in additional hospital costs and longer LOS. While the long-term outcome burden of adhesiolysis has been demonstrated by the SCAR study in Scotland, the impact in the USA needs further exploration.

PHC12

COMPARING TIME AND SUPPLIES USAGE ASSOCIATED WITH A NEW SKIN CLOSURE DEVICE VS. STANDARD OF CARE WOUND CLOSURE FOR ABDOMINOPLASTY SURGERY IN THE NETHERLANDS

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OBJECTIVES: PRINEO® Skin Closure System (PRINEO) offers effective and safe wound closure compared to conventional suture techniques i.e. Standard of Care (SOC). The aim of this study was to evaluate differences in health resource utilization attributable to use of PRINEO vs. SOC for abdominoplasty surgery. **METHODS:** A time and motion study was conducted in one centre in The Netherlands. Trained centre staff collected ten observations (five for PRINEO and five for SOC) following the patient from surgery through post-op care. Data Observation Forms were designed based on information obtained from staff interviews. Surgical wound closure and management activities were observed for which differences in time and resource use between PRINEO and SOC were expected: incision closure time, dressing applications, and dressing changes (during admission and post-discharge return). **RESULTS:** Average time for skin layer closure was 1.29 min for PRINEO vs. 17.95 min for SOC. Average wound length was 48 cm vs. 49 cm, respectively. This translates into a speed of closure increase from 2.73 cm/min (SOC) to 37.09 cm/min (PRINEO). Average time for wound closure (dermal and skin layer) was 24.85 min with PRINEO compared to 31.83 min for SOC. The SOC treatment arm incurred 2.19 min and 3.07 min for dressing application and post-op dressing changes respectively. PRINEO did not require any dressing. Additionally, use of PRINEO resulted in elimination of suture closure materials which on average included 2.4 strands of Monocryl 2-0 sutures, 5.7 adhesive dressings, 17.4 strips of adhesive tapes, and 9.3 gauze swabs. One PRINEO unit was required. **CONCLUSIONS:** The use of PRINEO resulted in increased skin closure speed and avoided final skin layer closure and aftercare management of the wound in terms of dressing application and changes. Concomitant to the savings in personnel time was a reduction in surgical supply materials.

PHC13

CHANGING THE SURGICAL WOUND CLOSURE MANAGEMENT PATHWAY: TIME AND SUPPLIES WITH PRINEO VS. STANDARD OF CARE FOR ABDOMINOPLASTY SURGERY IN GERMANY

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OBJECTIVES: PRINEO® Skin Closure System (PRINEO) offers effective and safe wound closure compared to conventional suture techniques i.e. Standard of Care (SOC). The aim of this study was to evaluate differences in health resource utilization attributable to PRINEO vs. SOC for abdominoplasty surgery. **METHODS:** A time and motion study was conducted in one centre in Germany. Trained centre staff collected ten observations (five for PRINEO and five for SOC) following the patient from surgery through post op care. Data Observation Forms were designed based on information obtained from staff interviews. Surgical wound closure and management activities were observed for which differences in time and resource use between PRINEO and SOC were expected: incision closure time, dressing applications, and dressing changes (during admission and post-discharge return). **RESULTS:** Average time for skin layer closure was 2.11 min for PRINEO vs. 13.01 min for SOC. Average wound length was 46.4 cm vs. 52.6 cm, respectively. This translates into a speed of closure of 4.04 cm/min for SOC vs. 21.97 cm/min with PRINEO. Average time for wound closure (dermal and skin layer) was 24.85 min (PRINEO) compared to 34.05 min (SOC). The SOC treatment arm incurred 2.94 min and 4.32 min for dressing application and post-operative dressing changes, respectively. PRINEO did not require any dressing. Additionally, use of PRINEO resulted in elimination of suture closure materials which on average included 2 strands of Monocryl 2-0 sutures, 2 polydioxanone sutures, 13.6 Cosmopor adhesive dressings, 12 strips of adhesive tapes, and 7.4 gauze swabs. One PRINEO unit was required. **CONCLUSIONS:** The use of PRINEO resulted in increased skin closure speed and avoided final skin layer closure and aftercare management of the wound in terms of dressing application and changes. Concomitant to the savings in personnel time was a reduction in surgical supply materials.

HEALTH CARE INTERVENTIONS—Health Care Use & Policy Studies

PHC14

ORGAN SHORTAGE IN TRANSPLANTATION MEDICINE: WHOSE VALUES AND ON WHAT BASIS SHOULD ORGAN PROCUREMENT BE ORGANISED?

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OBJECTIVES: To reflect various approaches for organ procurement such as altruism, altruism combined with financial